THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

New Series.] Thursday, December 24, 1868. [Vol. II.—No. 21.

Original Communications.

ON CLIMATE IN THE TREATMENT OF PULMONARY TUBERCULOSIS, &c., WITH ESPECIAL REFERENCE TO THAT OF AIKEN, S. C.

By Amory Coffin, M.D.

The majority of medical men, who have paid attention to the subject, accept as a fact the efficacy of climate as an agent in the treatment of some forms of disease and in the promotion of the process of restoration to health in others. It is more especially in affections of an asthenic character, where debility is the most prominent feature, and the convalescent stage after long and tedious attacks of sickness, that change of air and surrounding circumstances have been found most beneficial. Above all others, the effect of these powerful agents has been most frequently called to bear on pulmonary tuberculosis—a disease where a lowering of the tone of the whole system is a condition preceding, in most cases, the development of the symptoms, and in which mere drug-medication is of so little avail in arresting its progress. The experience of ages bears testimony to their efficacy; yet the results of this experience have never been sufficiently formularized to enable us to arrive at positive and undeniable conclusions. The discriminating philosophy which, in the treatment of disease, induces us to consider carefully all the circumstances which affect and modify each particular and individual case, and impress upon it its peculiar stamp, distinguishing it from other cases of the same disease; e. g., the stage of the disease, the age, temperament and general idiosyncrasy of the patient, before we select the remedy or combination of remedies best calculated to restore the sufferer to health, can hardly be said to obtain when a pulmonary patient calls on his physician for advice and selection of the particular climate to which he had best resort, either to avoid the injurious effects of a northern climate during the winter months, or to restore his health which has become enfeebled by the insidious advance of the disease. To medical men who, like ourselves, reside and pursue their profession in a place resorted to by invalids of this class, this is painfully evident. On inquiring into the history of those who apply to us, we find that the following may be considered as a type of what happens in a large majority of cases. An individual, perhaps hereditarily predisposed to consumption, or his constitution enfeebled by overwork, as is too apt to be the case among all classes and all ages, in the overcrowded northern and western bee-hives, and in a nation which has become proverbial for its unremitting energy in the pursuit of gain without regard to consequences, or by some other depressing cause, such as a long course of typhoid fever, or the influence of ochlesis, finds himself attacked by a cough, remitting in the milder summer months, but returning with increased severity every winter—at first slight, then becoming more severe and hacking—a small expectoration of matter tinged or streaked with blood, a gradual, slow decline in his strength and activity, with loss of appetite, and may be a series of night sweats. He applies to his physician for examination and advice. This latter, on examining his lungs, discovers the incipient or even more advanced stage of tubercular deposit. He advises his patient, besides the usual prescriptions of cod-liver oil, counter-irritation, raw meat, &c., to leave off work for a season and pass his winter at the South. This advice could not be better as far as it goes, but it is not explicit enough; for, when he is asked what particular part of the South, the old empirical routine asserts itself, and the answer probably is—"Oh, Cuba, I suppose; or if you cannot afford to go so far, say parts of Florida—St. Augustine or Enterprise; on your way down stop a little while at Savannah, and on your return come back by way of Aiken, S. C., where you can spend a month or six weeks until the spring is sufficiently advanced for you to come home." Now, the climates of the localities mentioned in the above advice differing, as we propose to show, entirely from each other, with the exception of an approximation of temperature, it must be allowed that it smacks some little of empiricism; and the result of this course has been so unsatisfactory that a spirit of inquiry has been aroused among the more discriminating portion of the profession, and more definite information has been sought as to the special characteristics of the climate of each locality and its adaptation to peculiar forms or stages of the disease. It is with the hope of throwing some light on the subject that I propose to set forth the distinguishing characteristics of the climate of Aiken in comparison with that of other localities which are known as the resorts of pulmonary invalids.

Such climates may be, for our purpose, classed under three heads. The first of these we may call the *mild insular* climate. It is distinguished for the mildness of its winters and the equability of its temperature. No great degree of cold, and no sudden changes from warm to cold, occur to try the respiratory apparatus of the invalid. Such a climate is found in Cuba, and parts of Florida, corresponding to Madeira, the southern coast of France, including Nice and Mentone, &c., in Europe. A second variety of climate, exactly the opposite of the first, may be classed under the head of the *dry cold*. Of these, Minnesota may be considered the type. It has obtained a great reputation of late years, and may be classed with those parts of Norway and Sweden, to which English consumptives are often sent for the purpose of building up their enfeebled constitutions. It is, however, colder but drier than these, especially in winter, when all moisture is thoroughly congealed and the snow itself is as dry as our sand. The bracing, tonic effect of such an atmosphere on invalids who have vitality enough to resist the danger of excessive cold, may be conceived. Another similar climate is possessed by a locality now but little known, but which if it were only accessible by rail, would without doubt enjoy a wide and well-deserved reputation in a sanitary respect, viz., a high plateau or table land known as Flat Rock, in Henderson Co., N. C., which, moreover, possesses the advantages of a delicious summer climate. Many such plateaus doubtless exist throughout the country, but the efficacy of their atmosphere in pulmonary tuberculosis is only as yet a matter of theoretical inference.

The third class of climate may be designated as the *dry and mild*. The localities in the possession of such a climate in perfection are rare in this country, but in the eastern hemisphere we find them in parts of Algeria and Egypt. They seem not to have been much noticed by English medical writers, but French and German investigators, particularly the former, speak in terms of the highest eulogy of them. They mention the facts of the extreme rarity of the disease among the natives, and its remarkably slow progress when developed. Cases confirming these statements are very numerous in this corresponding climate. They combine the advantages of the two previously mentioned classes without some of their disadvantages. The thermometrical range in winter is, to be sure, somewhat lower than that of the *mild insular*, but they possess none of the debilitating effects produced by the dampness of that class. Compared with the climate of Minnesota, that of these regions equals it at least in point of dryness, while with regard to winter temperature it is far superior, the mercury at St. Paul sometimes sinking into the bulb, and the cold being unbearable even to well persons, if there is any wind stirring; while here, for example, the thermometer never descends below +20° F., and only gets as low as that in exceptionally severe seasons. As a type of this class, and possessing such a climate in perfection, is the town of Aiken, S. C. To appreciate the circumstances which impress on it its peculiarity, it is necessary to describe the situation, which causes the atmosphere to be so dry and pure, and so beneficial in its action on the lungs. It is situated on the South Carolina Railroad, 120 miles northwest of Charleston, consequently far out of the deleterious influence of the Gulf Stream, the warm air from which, charged with vapor, coming into the cooler atmosphere of the coast, discharges the superabundant moisture it is no longer able to hold in suspension, and renders the climate there so debilitating, especially to invalids. This distance of 120 miles is combined with a gradual ascent of upwards of 600 feet. This is the highest point on the road, for from here it descends again more rapidly towards the Savannah river, accomplishing a descent of 340 feet in the course of 16 miles. Perched on the summit of this high ridge, which forms a water-shed between the Savannah river on the one side and the Edisto on the other, all water from rains, &c., is rapidly drained off; springs are scarce, and wells have to be sunk in some instances to the depth of 90 feet before a vein of water is struck.

Unfortunately, our records were dispersed to the winds, and our instruments worn out or broken during the war, and we have not been able to replace them since; but in the absence of more accurate hygrometrical statistics, the extreme dryness of air thus produced may be evidenced by facts in every-day life, such as, for example, the almost complete absence of dew, the little liability of surgical and other instruments of steel to rust, the dryness of salt, and such medicines as it is elsewhere found difficult to preserve on account of their affinity for the moisture of the atmosphere. That this dryness and consequent purity of the air act beneficially on persons affected with such diseases of debility as are typified by tuberculosis, can be proved not only experimentally by the cases of thousands who have been materially benefited by a sojourn here, but is also a matter of theoretical induction, considering the nature of the abnormal condition to be treated, and that of the remedial agent we wish to apply for the purpose of correcting and arresting this morbid process. The immediate objects, the attainment of which is to be sought after, are, first, as little action as possible by, and consequent rest to, the organs more especially affected, viz., the lungs; second, a freer action on the part of the supplementary excretory organ, the skin; and, thirdly, a general tonic effect on the whole system.

The first of these is obtained from the exceedingly dry, highly oxygenized air inhaled. The function of respiration, which in damp air is *felt* to be performed, is in such a medium carried on unconsciously. No effort is required to thoroughly aërate the blood, and nature, healing in her tendencies, is allowed a better chance of repairing the local mischief.

The second beneficial effect mentioned above which we observe, is the tone imparted to the general system. This is produced partly by the relief obtained by the causes above mentioned, and partly also by the fact of the invalid being able to live the greater part of his time in the open air. Deprecating as much as Dr. Bennet does the injurious effect of overfatigue produced by the mistaken idea of exercise being a panacea for every ill, yet we agree with him in appreciating the good which results from a sort of quiet out-door life, and are in constant observation of the benefit arising therefrom. This open and fresh-air life can be indulged in to the greatest extent in a climate where a few hours after the heaviest rains the ground, owing to the excellent natural drainage, becomes dry enough for an invalid to walk out without danger of wetting his feet. It is also most probably due to this character of dryness that changes of temperature, even if sudden, affect invalids less injuriously than they do elsewhere.

Taking, now, into consideration the important fact that in consumption we have two elements to contend against, viz., the general tubercular diathesis, and the local pulmonary affection, and the fact that in some cases the first, in others the second may predominate, and that in a third class the two may be in more equal proportion to each other, we can easily conclude that, in prescribing a climate for individual cases, each of the above mentioned may find its place for one of these classes of the disease. Thus for patients rather advanced in life, whose health has been broken down by close application to business, where the local affection, unsupported by any general cachexia, is the one to be chiefly considered, we can imagine no climate better suited than that of the beautiful islands of the Carribean Sea or the interesting shores of the St. John's River. The relief afforded from mental tension by rest from the cankering cares of work, the diversion of the mind produced by the contemplation of tropical scenery, the entire alteration of the mode of life, must be beneficial in such cases. Simply to enjoy the sunshine and watch the clouds, to consume oranges and pineapples *à discretion*, in a word to *eat lotos*, does good to these invalids.

On the other hand, the young, still possessing considerable resiliency of constitution, in whom the local affection is subordinate, and the general taint, usually inherited, has as yet not made much progress, who, in short, are still able to stand with impunity a moderate amount of fatigue in the pursuit of game or scenery, and not become injuriously exhausted by it—for this class of consumptives the Minnesota climate—tonic, bracing in a high degree—must be of great service, *but there must be no predisposition to bronchitis.* Letters from St. Paul confirm this *a priori* judgment; for while speaking in the highest terms of the tone-giving qualities of the climate, they warn those subject to concurrent bronchitis against coming there. This restriction excludes a large proportion of consumptives, who would be benefited by a residence in our third class of climates—the *dry mild*; those, viz., in whom the general dyscrasia and the local manifestation bear a more equal proportion to each other. With too much tendency to bronchial irritation to run the risk of a glacial air in a latitude where the thermometer sometimes sinks to -45°, and yet requiring, on account of the depressing influence of the general disease, a more tonic atmosphere than that afforded by the mild sea air, this class of cases seems to be admirably suited by this class of climate; for you have an air favorable to the healing of bronchial complaints by the rest it affords the pulmonary organs, and at the same time allowing the system to resist the inroads of the general disease by the strength imparted. This latter quality makes it further valuable in expediting and completing convalescence after such diseases as typhoid fever, pneumonia, bronchitis, asthma, &c. These last-mentioned ends may be accomplished by a residence of a few weeks; but it is unreasonable to expect that a disease so slow in its progress, and which is so thoroughly implanted in the system as pulmonary tuberculosis, a genuine dyscrasia, can be eradicated by spending a month or two in a favorable climate. The mischief of years, perhaps of generations, has to be undone; and for this purpose the patient must set forth armed with a determination to accomplish his end with patience, to undergo the privation of many home-luxuries, to see around him, instead of a superabundance of sympathizing friends, only the casual but often very pleasant acquaintances of a boarding house, and this for a length of time more extended than is at present allotted to the recovery of health. Six months of residence, say from October or November to April or May, should, if possible, be allowed. To those who cannot afford themselves so long an abstinence from necessary work, we would suggest the purchase of a small farm or the procuring of other employment, with a view to permanent residence in such a region.

In conclusion, we have one earnest entreaty to make of our Northern brethren, and that is, not to use climate only as a last resort in cases which are beyond the hope of benefit from other means; cases in which large cavities exist, where the constitution is broken down by excessive suppuration, or colliquative diarrhœa, or sweats, or other exhausting concomitants of the disease. It is too sad, as Dr. Bennett remarks, to sit by such a patient and calculate his chances of life, whether they are sufficient to bear him home again, or whether it is necessary to allow him to breathe his last among strangers. Leave him to enjoy the unpurchaseable comforts of home, the last blessing of dying among those who have loved him during life. To send such patients hundreds of miles away, with a *vague* hope that they *may* be benefited, is cruel in the extreme—how cruel can hardly be appreciated by any but those who, like ourselves, sometimes see such patients arrive, with the sad and certain conviction that they have come among us only to die. Grant them at least the great blessing in the extreme hour—*moriantur inter suos.*

IS IT A CASE OF NERVO-MUSCULAR PROSTRATION, OR WHAT IS IT?

Read before the Vermont Medical Society at its late Annual Meeting, by L. C. Butler, M.D., of Essex.

This is the case of a clergyman, aged 33; married; of nervous temperament; spare in flesh; not of strong nor yet of weak constitution; no hereditary predisposition to any disease; ardently devoted to the study and labor of his profession, and able to fulfil acceptably all the varied duties of pastor of a large church in a large country village. At the age of 12 years, he was several weeks sick with typhoid fever, in its most formidable type, and during his collegiate course he had a severe attack of bronchial irritation, from both of which he fully recovered.

During the past spring and early summer, becoming physically exhausted by the labors of the parish, he spent a short vacation in visiting friends in Boston and elsewhere, returning to his charge during the extreme heat of June. His vacation was hardly a rest in any proper sense of the term. His family were sick, imposing upon him extra labor and care in watching over them. Returning home in this condition of physical exhaustion, he immediately left again to attend an ecclesiastical meeting of his church, which was held at a distant point, and to reach which he was obliged, after leaving the cars, to ride in an open carriage some twelve miles under the mid-day rays of a scorching sun. On arriving at his destination, he participated actively in the business of the session, acting as secretary, and taking a prominent part in the discussions. At a late hour at night he was shown to a small sleeping room in the gable of a house, having only a single window through which the external air could reach the apartment. Sleep was impossible. He resumed his duties the next day with feelings of great lassitude and weariness, but with strong determination not to succumb, thinking that when he returned home, a few days rest and sleep would restore the lagging functions of the system. The second night was passed in the same manner, and at early dawn he was again driven in an open carriage to the railroad station. On alighting from the carriage, he observed a loss of power to control the toes of both feet. They had a strange inclination to lop down, despite all his exertions to prevent it. This was the only sensation he experienced. No prickling or numbness. The persistent lopping of his toes troubled his locomotion somewhat, but not so as to hinder his reaching home. This was Thursday morning. The same evening, the third finger of his right hand became affected, evincing a tendency to flex, with inability to extend. On Friday, the same difficulty affected his knees, and gradually extended from day to day, till on Tuesday, six days from its first appearance at the toes, it had involved the entire muscles of the legs, body and arms, rendering it impossible for him to move finger or toe, sit up, or make the slightest bodily motion. The entire voluntary muscular system below the neck seemed utterly prostrated. The muscles of the neck were not involved. The motions of the head were entirely free. The tongue protruded naturally. The mouth was not drawn to either side. Nor did the functions of the various internal organs of the body seem to be essentially affected. Defæcation and urination were under normal control, and were performed with regularity. The appetite was good, and digestion properly performed. The liver was slightly sluggish, but responded promptly to the remedies employed. The brain was clear. There was no headache, or other evidence of cerebral disturbance. The intellectual faculties seemed unimpaired, and, to use his own expression, so far as any disturbance of the mind was concerned, he could write a sermon, or deliver one with as much vigor and energy as ever he could. Sensation in the parts affected was not lost, nor were they cold. At times he felt a sensation of cold in the extremities, but it was not real. The flesh felt warm to the attendants. The temperature of the limbs was slightly reduced. So, also, when convalescence began, he felt a sensation of intense heat, especially in the feet; but this was imaginary, for to the touch they were only naturally warm. He recognized the application of the hand in bathing or rubbing, and experienced a soothing sensation from it. During the progress of the prostration till it reached the crisis, the sixth or seventh day after the attack, he was almost entirely free from pain. There was great restlessness and uneasiness, requiring constant attention day and night to change his position, but it seemed to be the result of posture rather than of pain. During the succeeding twelve days he had severe pains in the small of the back, and at one point on each hip, after which time they rapidly subsided. There was slight rigidity of the tendons about the knee-joint, indicating a slight tendency to contract; but it was only slight, and never spasmodic. The limbs were easily flexed and extended, but not without pain. There was no tendency to convulsions or tetanus.

This condition of things continued nearly three weeks, when, in the reverse order of the attack, he acquired the power of moving his thumb, and gradually of his arms. Following this, the power of motion gradually returned to the muscles of the body and inferior extremities, last of all to the toes, till, at this date (Oct. 14, 1868), he is able to walk without the use of a cane. But he has not yet fully recovered the use of the toes, or of the arch of the foot. When he plants his heel in the act of locomotion, the foot falls too suddenly; yet in this respect he is rapidly improving, with the fair prospect that recovery will be complete.

Now what was the pathology of this case, and in what locality was the lesion? In consultation with the attending physicians, both eminent and experienced practitioners, we canvassed it carefully and critically.

Ordinarily, perhaps always, the pathological condition in palsy is a lesion of the brain or spinal cord, in their substance or membranes, and it can be readily traced to one or the other of these as the centre whence the disturbing influences flow. Ordinarily, too, the lesion is the result of some ascertainable exciting cause, which points to some particular region as the seat of the lesion. How is it here? No such "cause" guides us in the solution of the mystery. The brain exhibits no indication of disease or disordered action. The intellectual faculties are all intact. Speech is not disturbed. The will sends forth its mandates as in health, but the muscles in certain localities are powerless to obey. There is no symptom which clearly indicates cerebral congestion or inflammation. If, now, we turn to the spinal cord, we find little in the symptoms present which points to any lesion there. There may be congestion, but it is slight if it exist at all. There is no tenderness of the vertebræ, such as we find in affections of the spinal cord. There is no muscular contraction or spasmodic action of the muscular fibres. There is slight pain and a slight sense of fulness in the lumbar region; but this may be satisfactorily accounted for by the jolting of the wagon, and the violent contact of that region with the low-backed seat. If, therefore, so general prostration of the muscular system be produced by lesion of the spinal cord, or of its membranes, that lesion, whatever its nature may be, must affect the whole extent of the cord, from the cervical vertebræ to its termination in the os coccygis. Could it exist without some one or more of the pathognomonic symptoms indicating it being present? Could it thus obtrude its unwelcome face without displaying some of the prominences of its physiognomy? It may be so; but are there substantial grounds on which to base such an opinion?

Reaching the conclusion, then, whether correct or not, that there was no lesion of the brain or spinal cord or its membranes sufficient to account satisfactorily for the symptoms exhibited, we pursued our investigations in another direction.

We considered the exhausting nature of the patient's labors; the effect of continued exercise of the mental faculties upon the physical constitution; the necessity which demanded rest, and the fact that the few weeks' absence from the parish had failed to recuperate his wasted energies; the excessive heat of the week during which the first attack took place, together with the ride in the mid-day sun, and the sweltering atmosphere of the room in which he was placed to sleep. We considered, also, the wakefulness that followed, and we were led to the conclusion that the case before us was one of *nervo-muscular prostration*, consequent upon over-work, exhaustion and the heat. Were we correct in our diagnosis? We were not entirely satisfied, but adopted it as the most favorable aspect in which the case could be viewed. We directed our remedies wholly to the restoration of the exhausted nervous system. Stimulating lotions and frictions to the spinal column and extremities were applied, aided by the currents of the galvanic battery, morning and evening. Internally, we administered a combination of iron and strychnia, with a view to its tonic effect upon the nervous system, as well as upon the vitality of the blood. The result justified and confirmed our diagnosis. The patient gives palpable evidence of his recovery, in his locomotion and in his general system.

To me the case thus narrated presents several points of interest and query.

1. It can hardly be regarded as a case of paralysis, or paraplegia in the common acceptation of that term. It presents some marked peculiarities in its inception, progress and result, which render its exact classification difficult.

2. It involves the question, what counsel ought a physician to give a patient under such circumstances? Shall we advise him to abandon his professional duties and labors, and seek in some other employment entire rest from mental labor; or to adopt such a course temporarily, with the assurance that by and by he may safely resume those labors without danger of again breaking down under the same difficulty?

3. Shall we advise a change of climate, a temporary residence in Florida, in Southern Illinois, in Georgia, or in Minnesota, or in the latitude of Philadelphia; or send him on a journey which shall compass all these localities, as the rigors of one or the heat of another shall demand his stay or removal? Or—

4. Shall we advise him, laying aside pastoral duties for the time being, to remain amid the charms and quietude of home; taking daily exercise on horseback or in carriage, in the open air, breathing the pure fresh atmosphere of hills and mountains; guarding sedulously against exposure to damps and colds; dressing warmly with flannels and such outer clothing as shall be adequate protection against the rigors of winter; and taking such medication as the exigencies of his case require?

Mr. Editor, what would be your counsel in such a case?

COMPARATIVE STATISTICS OF SUICIDE.

By M. F. Gavin, M.D., of Boston.

Many years ago the late eminent professor of clinical medicine at the University of Dublin, Dr. Graves, writing on the "chances of life" drew attention to the influence of season on crime, the periodical recurrence of certain crimes with the return of certain seasons, as well as the greater prevalence of the greatest of crimes—*suicide*—during the summer season. The investigations of Esquirol at the Salpetrière and those of other European psychologists, show Graves's statement to be in the main correct. Graves attempted to account for this in many ways; as the influence of imitation, the physical condition of the atmosphere—which perhaps in our own day derives additional support from the theory that nervous force is looked upon as an allotropic condition of electricity—as ozone is of oxygen; and the social, moral and intellectual condition of the people. The influence of imitation is spoken of at length by Graves, who instances many striking facts in proof of his assertion. We believe that the influence of reading immoral literature, which characterizes the present age, especially on the young, weak-minded and uneducated, will be to greatly increase crime at no very distant day. Look at the number of prints that live by gloomy descriptions of suicides, robberies and every other crime we could mention.

A careful study of European statistics shows suicide to be more common in London than any other European city; in the Westminster district the proportion was one in every 6379 of the population; Berlin and Paris next in frequency, while the lowest number was in Naples and Dublin. European statistics show the curious fact that *married men are less liable to commit suicide than single men,* while the reverse holds good of females. Suicides are much more prevalent in cities than in towns or the country, but this can readily be accounted for when we recollect that cities are the hiding places of those who commit crime; and we know the massing together of large numbers of people tends to demoralize; also that of those who commit suicide many coming from the country with bright hopes meet with disappointment, and end their life by suicide. A recent writer in one of the foreign reviews shows that in proportion to the population New York has the greatest number of suicides, while Boston comes next. The latter part of this statement is proved to be incorrect by a careful study of the statistics of Boston since 1849. The statements of French and English writers go to prove that the greatest number of suicides takes place in June, July, and August, while November, December, January and February have the lowest numbers. Now let us see how the statistics published by the city of Boston prove or disprove these statements. The statistics were first published in 1849, and have been published annually since, with the exception of the year 1860–61; in all, nineteen years, but, as there was no distinct registration of males and females till 1854, we have in reality only fourteen years to draw our conclusions from. The register does not furnish us information as to married or single. The number of males was a little less than two-thirds of the whole; females a little over one-third; the largest number of suicides occurred in June, one-third more than November, next in order May and July; the lowest number in February and next in order December and January. From March the number increased till it reached the maximum in June, when the ratio began to diminish.

The whole number of suicides for fourteen years is—of males, 129; females, 47; and for nineteen years inclusive, male and females, 214. The reports for 1860–61 are wanting; the latter would be of especial interest as showing the influence the war had on suicides, but, as the number of men who became soldiers during the first year of the war was comparatively small, we can perhaps draw a truer inference from the reports for the years 1862 and the subsequent years. There is a very perceptible diminution in the number of suicides for the years 1862–63–64, compared with the three years preceding the war. The largest number of suicides in any year was in 1858, the year following the financial panic—when the proportion was 1 to every 7682 of the population, and 1 to every 185 of the whole number of deaths; the lowest number was in 1863, about 1 to every 18,684 of the population, and 1 in every 522 of the whole number of deaths. In conclusion, these reports go to prove the correctness of Graves's theories. In a future article we will report on the statistics of New York, Chicago and other cities in the United States.

Hospital Reports.

BOSTON CITY HOSPITAL.

Notes of Cases treated during the Month of July, 1868.
Reported by F. W. Draper, House-Surgeon.

Case I.—*Oblique Inguinal Hernia.* (Service of Dr. Cheever.)—John C., aged four years, presented himself at the Hospital, with a well marked oblique inguinal hernia, of eighteen months' duration. He had worn a truss, but the hernia steadily developed. The external ring admitted the tip of the little finger easily.

Wood's operation was performed, the wires being crossed below, in the invaginated tunica vaginalis, before they were twisted. The cure progressed favorably and rapidly, without constitutional disturbance. On the eighth day after the operation, the wires were removed. The external wound healed well, and, on the twenty-seventh day, the patient was discharged, well, wearing a truss, and with a well defined fibrinous deposit occupying the canal.

Case II.—*Oblique Inguinal Hernia.* (Service of Dr. Cheever.)—This case, occurring in a boy, aged seventeen years, was of six months' development, and presented very nearly the same appearances as the previous case. He had never worn a truss. The operation for the radical cure of the hernia, was by the same method, and at the same time, as in Case I. In this instance, however, the outside wire only, after transfixing the outer pillar of the ring, was crossed in the wound of the scrotum.

No grave symptoms followed the operation. The wires were removed, as above, on the eighth day, leaving a firm fibrinous deposit at the point of invagination. The patient was discharged on the thirty-eighth day, wearing a Wood's "horse-shoe" truss.

Case III. — *Necrosis of Shaft of Tibia; Removal of Sequestrum, with subsequent renewal of Tibia.* (Service of Dr. Cheever.) —M. F. M., a female, aged thirteen years, complained, in April last, of much constant pain in the lower part of the leg. She had previously passed, successively, through scarlatina and measles, and was, in consequence, much reduced. Not long after the commencement of the affection in the leg, a spontaneous opening occurred, giving exit to thin pus. Other sinuses appeared, and on her entrance to the Hospital, three months after the first symptoms were noticed, the probe detected necrosis of the shaft of the tibia, extending indefinitely.

Exploratory incisions discovered general necrosis of the shaft of the bone. The sequestrum was exposed freely, the soft tissues being dissected away from a primary incision along the crest of the diseased bone. The periosteum was found hypertrophied and lined with a thin stratum of new bone. This new growth was separated from the necrosed bone to which it was partially adherent, and a section of the shaft was made through the tubercle of the tibia, by means of a chain-saw. The ligaments at the ankle joint being divided, the sequestrum was removed. The fibula and astragalus were healthy. The small fragments of new bone, attached to the periosteum, were carefully removed, and the entire wound left open, to heal by granulation.

The leg was placed, on its outer side, in a tin splint, and a light compress laid over the wound, saturated constantly with liquor sodæ chlorinatæ, diluted with five parts of water.

On the second day, the suppurative process commenced, and healthy granulations began to fill the wound from its bottom and sides. On the seventh day, the granulations had progressed so far as to permit the approximation of the sides of the wound by adhesive straps, passed, at intervals, around the leg. The patient's condition, meanwhile, was satisfactory in all respects, and, so far from suffering from the effects of the operation, appeared considerably improved by the removal of the cause of the trouble.

After eighteen days, a ridge of new bone could be very plainly felt along the sides of the wound, in all its extent, imbedded in the granulations. This new growth kept pace with the healing process, so that when, after eight weeks, the wound had entirely closed over, the new shaft had acquired considerable firmness, and there was slight motion in the ankle joint, with every prospect of complete recovery, and of a useful limb, the general condition of the patient having meanwhile improved to a very marked degree.

Case IV.—*Chronic Ulceration of Leg. Amputation of Thigh.* (Service of Dr. Geo. Derby.)—The patient, a man aged forty-three years, a grocer by occupation, had suffered from a chronic ulceration of the leg, during the previous thirteen years. No relief had been obtained from the most varied surgical and medical treatment. The ulceration commenced with a small patch anteriorly, and had extended until both back and front of the leg were involved from the knee down to the ankle. At the time of his entrance to the Hospital, the disease was active only in the lower third of the leg and on the dorsum and sole of the foot, but the extensive cicatrix and atrophy of the soft tissues above gave ample evidence of the extent and duration of the disability. There was no history of venereal infection.

The patient demanded amputation as the most ready relief for his long malady, and did not desire any further measures of palliation. His wishes were acceded to, and amputation of the thigh was performed in the lower third, by the circular method. In spite of a low and unfavorable constitutional condition consequent on bad hygienic surroundings at his home and on intemperate habits of long standing, the patient made a good recovery, without any important complication.

Reports of Medical Societies.

THE RHODE ISLAND MEDICAL SOCIETY.

The regular semi-annual meeting of this Society was held in Providence, Dec. 16th. After the transaction of other business, a committee to nominate delegates from the Society to the Convention of the American Medical Association, to be held in New Orleans on the first Tuesday in May next, reported the following named Fellows of the Society as delegates, and they were unanimously elected: Drs. J. W. C. Ely, J. Mauran, A. Ballou, D. King, W. A. Shaw, L. Morton, F. L. Turner, E. T. Caswell, Geo. E. Mason, and W. T. Bullock.

The President appointed the following named gentlemen delegates to various State Medical Societies: Drs. Wiggin and Newell for New Hampshire; Drs. Brown, Snow and Morton for Vermont; Drs. Parsons, Caswell and King for Massachusetts; Drs. Browning and Brownell for Connecticut; Drs. Fabyan, Mauran, and Eldridge for New York. Dr. H. G. Miller, of Providence, was elected orator for the next semi-annual meeting.

Discussion took place on the treatment of femoral hernia, and the use of bromide of potassium in certain diseases.

On motion of Dr. Collins, the following votes were unanimously passed:

Voted, That all the books, instruments and apparatus, belonging to the Society and now in the hands of the librarians and cabinet keepers; also, any preparations belonging to the Society, be, and they hereby are presented to the Rhode Island Hospital; *Provided* the members of this Society shall be permitted to have free use of them when desired, subject to the rules of said hospital.

Voted, That our librarian and cabinet keepers, now under appointment, be directed to make a transfer of said articles to said hospital, and to make a report to the next meeting of the Society.

Dr. Howard W. King, the orator appointed for the occasion, at one o'clock read an essay on "Modern Improvements in Medicine," in which he alluded to chloroform, allopathy, homœopathy, carbolic acid, bromide of potassium, and hypermedication, as subjects worthy of discussion given him by others, and then gave his own choice of subject as veterinary medicine, on which he read an able dissertation.

On motion of Dr. Dunn, a vote of thanks was passed to Dr. King for his able essay.

Dr. Ely, the President, then invited the Society to dine with him at the Aldrich House immediately after adjournment, and there being no other business before them, the Society adjourned.

At the dinner, interesting speeches were made by various members of the Society.

Dr. E. M. Snow, the Superintendent of Health, who has just returned from the cattle disease convention, recently held in Illinois, on being called out by some complimentary remarks of the President, gave, in response, an interesting account of the convention he had attended, and the various theories of the propagation of the disease from Texas cattle brought into the West, and the remedies proposed for it; and closed by saying that this was a very important subject, as we must depend almost entirely upon Texas for beef in a not very far distant future, or go without it.

The very pleasant entertainment closed about 5 o'clock, all conceding it to be the most social, agreeable and enthusiastic semi-annual dinner party the Society has ever enjoyed.

Bibliographical Notices.

A Rational Treatise on the Trunkal Muscles, elucidating the Mechanical Cause of Chronic Spinal, Pelvic, Abdominal and Thoracic Affections; and of Bronchial and other Derangements incident to the Clerical, Legal and Musical Professions; with the Rationale of their Cure by Mechanical Support. By E. P. Banning, M.D. New York: Wm. A. Townsend & Adams. 8vo. Pp. 352.

The above-quoted title-page will probably be sufficient in itself to convince any medical reader that the impression left on us by a perusal of the book was a correct one, viz., that it was written for the public at large, and not for the medical profession.

The doctrine that the author inculcates is, that most diseases of the spine and viscera are due to a relaxed state of the walls of the abdominal cavity and "trunkal muscles," and that proper treatment consists in the use of his braces and supports. Of these full descriptions and plates are given, and some of them seem certainly to be ingeniously adapted to give support to the shoulders and spine.

As a matter of course, the uterus comes in for its share of notice, and as it is asserted that the deviations from the natural position of this organ are due to a relaxed condition of the abdominal parietes, and a consequent pressure of the viscera downwards, abdominal support is used by means of the "abdominal and spinal shoulder-brace." In cases where this is not sufficient, an instrument which he calls the "curved uterine balance" is fastened on to it and worn in the vagina. The result of this combination is a mechanism the practical effect of which must be, that the woman who wears it cannot move her shoulders up or down, bend her back or elevate her hips, without also moving the instrument in the vagina.

Less than six pages are given to angular curvature of the spine, two of which are taken up with wood-cuts, two by cases, and of the rest a faint idea may be gained from the opening paragraph:—"Of this" (angular curvature) "Fig. 4 is a moderate representative. It may consist merely of a curve from pure debility and cachexia, or may involve all grades of disease, from simple irritation and tenderness to caries and abscess."

On the whole, we think that it is safe to say of this work, that if after its publication the sale of Dr. Banning's trusses, braces, supporters and balances is not increased, it will not have fulfilled the object for which it was written. F. B. G.

A Treatise on Physiology and Hygiene; for Schools, Families and Colleges. By J. C. Dalton, M.D., Professor of Physiology in the College of Physicians and Surgeons, New York. New York: Harper & Bros. 1868. Pp. 399.

As its title indicates, the book before us is not intended for the medical student or physician; but we are glad to give the assistance of our columns to bring it before the public, believing that, if the community generally had more knowledge of the subjects of which it treats, not only would the amount of disease be diminished, but the physician's labors also would be lightened, inasmuch as he would less frequently be called upon to combat the erroneous ideas of the patient or his friends, and would only have to struggle against the disease from which the patient was suffering. Shallow quacks would no longer obtain credence from "educated" people by their stories of "nerves tied in knots," or "gall stones passing into the urinary bladder." The name of the author is sufficient guarantee that the work is well done.

The Medical Formulary; being a Collection of Prescriptions derived from the Writings and Practice of many of the most Eminent Physicians in America and Europe, togegether with the usual Dietetic Preparations and Antidotes for Poisons. To which is added an Appendix, &c. &c. By Benjamin Ellis, M.D., late Professor of Materia Medica and Pharmacy in the Philadelphia College of Pharmacy. Twefth Edition, carefully revised and much improved, by Albert H. Smith, M.D., Fellow of the College of Physicians of Philadelphia, &c. &c. Philadelphia: Henry C. Lea. 1868. 8vo. Pp. 374.

This work has been so long before the medical public, and has reached so many editions, that it must now be familiar to nearly all our readers, and we need do no more than mention it. A considerable amount of new matter has been added in this edition, and some of the more obsolete prescriptions contained in former editions dropped to make room for it. Such compilations as this are doubtless of value if used judiciously, but we must confess to a shrewd doubt whether, on the whole, as much harm as good is not done by them.

Medical and Surgical Journal.

Boston: Thursday, December 24, 1868.

THE INTRODUCTORY LECTURE AT THE HARVARD MEDICAL SCHOOL.

Dr. Buckingham's opening lecture of the winter course of the Massachusetts Medical College having been printed by the class, we are glad to bring to the attention of the profession some of its salient points. It was a terse, trenchant and eminently practical essay, directed in plain terms to the young student of medicine; and yet its suggestions will bear repetition to many who are older in practice. Alluding to the growth of the Medical School in Boston, he said:—

"It seems but a few months ago that I was one of the audience at my first introductory lecture; yet twenty-eight years have passed since, as a student, I knew the Massachusetts Medical College. The staff of the College then consisted of six professors and the demonstrator of anatomy, and the graduating class numbered about twenty. The graduates of the last year were more in number than the whole school for that year, and the officers of instruction, including those of the Dental Department, have increased from seven to thirty-three. Of those who then filled the professorships, two still live; the original incumbents of the chairs of Materia Medica and Obstetrics, whose appointments bear date more than a half century ago. It is a pleasure to find them still with us, and interested as much as ever in the progress of medical science, and in the institution which is largely indebted to them for its prosperity."

In directing his remarks to the growing frequency of *specialties* in medicine, he continues :—

"I speak more particularly to those who are here for the first time. You have come to study medicine. Have you fixed upon any special branch of the profession which you intend to follow out? If so, I would advise you, that you will probably change your intentions several times before you acquire the wealth which you see flow into the hands of some successful specialist whom you admire, and which a vivid imagination shows will be surely your stream. Except quack specialists, the successful ones are they who were good general students. Study the whole profession, not a part of it; and time and opportunity and accident will show, twenty years hence, what branch your are best qualified for, or whether you can get a living by the practice of any. To be a successful surgeon, you need to study all that the physician needs to know. To be a successful physician, you want a surgeon's education. The best practitioners are very likely those who are most often in doubt, and feel their own ignorance; and the most faithful has sometimes to bewail his error in diagnosis. After a femur has become dislocated by disease, it is too late for the physician to wish it had looked less like rheumatism of the knee. After the surgeon has struck his trocar into a fœtus, it is too late to think that it looked very like dropsy. It is too late to wish you had studied chemistry, after you have been called to a patient who has an acrid poison in his stomach. Yet similar accidents have happened to men who stood well with the profession, and were thought good students and faithful observers. The more reason why, as students, you should undertake the study of the whole of the science, or none of it. He who undertakes to learn all of medicine and surgery that he can, will naturally fall into the place for which he is best fitted, whether he become a distinguished physician, an eminent surgeon, a thorough dentist, or a cutter of corns.

"Within the memory of students of my own age, there was a time when specialists were few. Every physician was supposed to have qualified hinself for anything which came along. Into the hands of a few the business of the oculist had gradually fallen, and dentistry had become a special branch. But no physician in this community felt that he could not wipe a foreign body from the eye, nor extract a tooth for one of his friends, nor wash the hardened wax from a neighbor's ear. And it was natural that inborn or acquired dexterity, in any branch of practice, should, in time, bring the greater part of such work into the hands of those of more particular skill. But those who became the specialists, were educated in the whole science, as though they were to go into general practice."

The following concise statement of the importance of cultivating the powers of observation will commend itself to all.

"Medicine is a science. It is based upon observation. He who is the most acute observer is the best practitioner. The collection of statistics will not make you acute observers. That is a useful part of the work, but by itself is of no value. Every sense must be cultivated, for the senses are not alike acute in all. One can tell by the eye, another by the touch, a third only by the tape, if the two sides of a chest expand alike. But he is the better observer who tries the three, and allows one to correct and confirm the others. He is the best observer who can use one method, when the comfort and convenience of the patient will not allow the others.

"A physician of great experience, so called by the public, is by no means the man to whom we of the profession fly for advice, when we are in doubt. *We appeal to the man of observation.* Oftentimes you will find that use and large practice do not purchase professional respect, for we soon find out that one man learns more from faithful observation of one case of fever in a year, than his neighbor learns from fifty. One man has seen a case daily for weeks, without observing a sluggishness of the pupil, or a slight irregularity of the pulse, or a very moderate distortion of the tongue, which tell to his more observant consulting friend, that he would do well to test the comparative sensibility or mobility of the extremities, and suspect a lurking disease of the brain. One man is for dosing a bilious disorder, which a sallow skin indicated to him; while the observer sees that the complexion is of pearly-bluish whiteness, and the lips and tongue and gums are ill supplied with blood, and the veins of the hands have changed to a pinkish hue from anæmia. One is surprised that he cannot remove this headache by catharties, when his brother who observes, astonishes both patient and physician by a stimulant, which carries it off. One blisters and leeches an apparently inflamed knee without success, and is reminded of hysteria only when the man of observation suggests the exercise of the part. The first is unsuccessfully treating a phthisical cough, when his brother surprises him by inquiries, the answers to which show that indigestion is the disease. Croup, which was the monster that X was combatting with emetics, and poultices and steam, Y, whose ears and eyes are better educated, relieved at once by suggesting the use of a gum lancet. And the chances are that our non-observing friend will cut the gums afterwards in every case of croup, or give pepsin for consumption, or brandy and water for the headache, or oblige some patient with an ulcerated cartilage to take up his bed and walk."

"But the work of observation is a hard work. Some of you will be acute observers from the start, and some of you may be very dull; but the observing powers of the best may be improved, and the apparently dullest man of all may astonish his friends by the keenness of cultivated powers. Still it is only by labor, and properly directed labor, such as medical schools intend to surpervise, that the end is to be accomplished. In the words of one whom I hoped to see among us to-day, and whom as a boy I listened to at Cambridge, "Difficulty, struggle, progress—this is the law."

Of the different forms of quackery, he thus continues:—

"Have any of you established your belief in any system of medicine, and come here to get quasi certificates of qualification? You are quacks from birth, and would do as well to put up your door plates now, as to waste your time and money in three years of pretended study. You will be just as much quacks with degrees as without; and you can make more money as irregular than as regular practitioners."

"We wish for students, those who intend to follow out medical science, and aid us in its advances as far as they can. For what any one believes we have no fault to find with him; but we do find fault with him sometimes for his manner of obtaining his belief, and still more, if he bends anything, however true, in a false direction, to establish his belief in others."

"A man may honestly practise homœopathy, or eclecticism, or allopathy, if any one can tell what that is. He may be a knave or a fool in the practice of either. He may work industriously to establish the truth of anything he believes, shutting his eyes to all proof of any truth in an opposite direction, and he is simply a fool quack. But if he steps a little farther, and puts his belief upon his sign, and endeavors to convert the public by professional preaching, he is a knave quack, with whom an honorable physician will have no intercourse. It is not a man's belief in one system or another, that makes him a regular or an irregular practitioner. There is almost as much difference of *belief* concerning methods of treatment among regular practitioners now present, as there was difference of *practice* between Hahnemann and Sangrado. Their arguments, however, are to each other, and not the public, whose knowledge of medical science is equal to our knowledge of the science of gunnery."

"The most comtemptible of quacks is he who stands ready to sit on two stools; the man who tells his patient that one system, as he calls it, is good for children, and another is often required for adults; who doses the parent and big brother with senna and salts, and the child with sugar plums; who either has not the courage or honesty to say that he thinks the patient will get well without drugs, lest some one may be sent for who will give them and deprive him of fees; who pretends, in one house, that disease is only to be cured by medicines which produce the symptoms of it, and in another, by medicines which produce the opposite set of symptoms. Yet you will find such men in the profession, who do their teaching to patients, but never talk nor write to the profession."

Fashions rule medicine, we are told, as they do everything else:—

"There are fashionable medicines. Keep your observation at work upon them. To omit the experiment with some drug, which a friend thinks he has found most useful, seems impossible; but beware, unless he has recorded observations to back his statements. Looking back from year to year, one finds a long list of certain cures, which he has tried and dropped, till near the close of a long and successful practice, a friend who formerly occupied the chair of Theory and Practice, said to me at a consultation, "Doctor, I have about come to the conclusion that in acute diseases, medicines are of comparatively little value; but in chronic cases, I think minute doses of bichloride of mercury are sometimes useful." The statement was a strange one, but it contained a marvellous amount of truth. Dr. Ware's observations were of value to all who knew him, for they were known to be faithful, and his statements were cautious, and we know he believed them.

"You will try the new cures as they come up, and will be astonished, that your older brothers do not believe you will see such results as some one's treatise convinces you must come. But if at the end of a quarter of a century's practice you obtain more than one new medicine upon which you can rely, and do not forget a hundred new ones which you followed the fashion in, it will be because the progress of the future will far exceed the progress of the past."

"See how the water fashions change. Those gentlemen are here, who remember that a drop of cold water was supposed to be certain death for the patient, whether used without or within. The day came when it was poured in without stint. Most of us can remember when at every furniture shop stood the everlasting cotton covered closet, which was found also in almost every bedroom, and into which every man who desired to preserve his health was expected to walk every morning, and take the cold shower, on rising from a warm bed. He was hardly deemed fit for society who did not perform his daily devotions with cold water at the shrines of rheumatism, pneumonia and pericarditis. Some were doubtless benefited by washing, and some who were not, escaped: but, like the Spartan children who lived through the exposure, it was because they were tough."

"The fashion changed because it was so uncomfortable, and men kept clean comfortably, and the bills of mortality did not increase as the sale of the shower bath diminished."

"The water fashion has returned, but in a new form. By many it is known that the Turkish process for parboiling and scraping off the epidermis, and sending you from a temperature of 120° to 32°, or 0°, is sure to cure disease and promote health. But there are those of us who are trying to gather courage to think that we have seen pernicious effects follow, and we do not choose to recommend for every one in this climate what may answer very well at Constantinople, especially as our Turks omit the one saving element of the service—the greasing after the bath, as a partial means of replacing the epidermis."

"And mineral waters are in fashion, and Missisquoi and Gettysburg and Sheldon and Saratoga and Sharon vie with each other, till each of them cures in a year more cancers than the country can show, while hospital records will show you that the number which comes under the knife of the operating surgeon does not diminish. As an observing physician reads the account of the symptoms and the progress of the cures, he recognizes the effects of nature's purely vegetable remedies, in which he has sometimes found iodine and mercurials, and in place of cancer he reads—Pox."

Speaking of the true scope and method of medical study, he concludes as follows:

"If so much turns out as represented, you may ask, what are we to study medicine for? Why, to continue the improvements in practice. To do your part in preventing sickness, in alleviating suffering, in extending the term of life. Medicines have their uses, as well as their abuses. You are to learn how to give them, and when to give them. More, you are to learn when not to give them. The inert pill or the perfumed water, as well as the active cathartic and the opiate, may sometimes be of service to your patient, to prevent his taking medicine which will aggravate his disease. That is medical treatment sometimes of the most useful kind; for many men will take injuriously active medicine if you do not give that which is innocently inactive. It is for you to study your patient, and learn whether he will bear to be told the whole truth, or silence best; whether he needs rest, or change of food, or change of habitation, or the administration of drugs. It is for you to find out, and it may take years to find out, whether it will be best to let blood; for the day may come, if you do not learn how, when some unfortunate will die of suffocation at the beginning of pneumonia, when the loss of a few ounces of blood would save his life. It is for you to find out when one's rectum is impacted with fæces, of if his small intestine is strangulated, and whether the cathartic, the syringe or the knife, will relieve him. It is for you to find out if it is a foreign body in the œsophagus or œdema of the glottis that obstructs his respiration, and to decide between the probang and the bistoury. It is for you to find out whether he has spermatorrhœa or a deposit of oxalate of lime in his urine, and whether he is to be relieved by medicine or surgery, by hygiene or chemistry, by a moral lecture, or the last funny book.

"Make your study by observation. Following the rules of one writer, studying by the bedsides of one practitioner, will only be enough to narrow your ideas, and cramp your progress. The sick recover with very different methods of treatment. You will learn more thoroughly by confining your observations to a single class of cases at a time, and by following the clinical visits of different physicians at the same time. You will obtain more useful knowledge by seeing the minor operations in surgery and the applications of splints, than by crowding the amphitheatre to see the abdominal aorta tied. You will serve your patient better, if you can learn how to lift a lame leg, or compress the femoral artery, to reduce a hernia or get a grain of sand out of the eye, or to teach some nurse how to make a palatable gruel or a comfortable bed, than you will by naming accurately the ligaments of the cervical vertebræ, or counting and demonstrating the number of layers of fascia over a forty years' inguinal hernia. The little things are to be learned at the beginning, or they never will be learned. In the long days and evenings after the degree is attained, you will find time enough for the rest.

"You will do better to keep full records of a certain number of cases, which you may see, than to write notes of the lectures you attend. By that course you will accumulate facts which in after years can be compared with facts in your practice, and which, if properly studied, will be of infinitely more service than records of opinions. You will learn to observe the surroundings of patients. You will learn hygienic laws. You will learn how men die in spite of drugs, and get well in spite of drugs. If I do not greatly mistake, you will learn that some may have died who might have lived, if something had not escaped your early observation; and that some lived who would have died, if as students you had not observed some new fact to which your predecessors were blind."

Hypertrophy of Right Half of the Body in a Child aged four years, first noticed shortly after Birth. Reported to the Medical Association of New Orleans. By Samuel Logan, M.D., Professor of Surgery, New Orleans School of Medicine.—O. B., daughter of Mr. T. B., at present a resident of Brashear City, aged 4 years; well grown for age—parents, as well as self, natives of Louisiana; has seven brothers and sisters, all of whom are healthy. The parents are both healthy in every respect; the mother has borne twins three times, the child who is the subject of these notes not being, however, one of the twins.

About ten days after birth, the right half of the person of the infant was found to be larger than the other, and since that time the disproportion has seemed steadily to increase. She is now a strong hearty child; but the disproportion is marked in every particular, more so, however, when the opposite extremities are compared. One leg is about an inch larger than the other, causing a peculiar gait, and the foot requires a shoe of at least one and a half or two sizes larger, and the two arms and hands show a corresponding disproportion. The difference is, of course, not so marked, but can be readily seen, in the head, the eyes, the nose, the tongue, and the trunk all the way down. The only very serious attack of sickness from which the child has ever suffered she experienced in September, 1867, when she was very ill with yellow fever, having had black hæmorrhage by the bowels. I am informed that her recovery from this attack was tedious, and that about ten days after convalescence was considered established, a portion of the alveolar process of the lower left maxillary containing one incisor and a canine tooth, the latter embyonic, sloughed off. Since this she has been restored to her usual good health. Deeming the case a remarkable one, never in fact having heard of a similar, I took a few notes embodying the above facts, and beg leave to report them without comments to the Association.—*New Orleans Journal of Medicine.*

Animal Vaccination in Belgium.—This kind of vaccination, known as the Neapolitan, and introduced into France by M. Lanoix, has just received the sanction of the Belgian Goverment. By a royal decree, an animal vaccine establishment is to be founded, the appointed director being M. Warlomont, who cordially took up the method after M. Lanoix's labors at Paris. In that capital animal vaccination found some opponents, and has not made such rapid progress as was at first anticipated, in spite of the very efficient support of Dr. Depaul, the head of the Vaccination Office of the Academy of Medicine of Paris. The matter hinges upon two questions—Is animal vaccination as effectual as the same operation performed with lymph conveyed from one human being to another? Is it true or is it not true, that syphilis may be inoculated with lymph used in the last mentioned manner? Independently of any other consideration, it would be a great boon, especially in case of an epidemic of small-pox, to have an abundance of healthy lymph ready at hand. Nay, in localities where numerous re-vaccinations were required, heifers might be largely inoculated, and an unlimited supply of lymph be at the command of professional men. Nor is it necessary, where animal vaccination is practised, to give up other modes of vaccinating: the population is large enough to support both methods. The question rests mainly with the medical advisers of the Privy Council.—*London Lancet.*

Man's Antiquity in America. — At the meeting of the American Association for the advancement of Science, recently held in the city of Chicago, Colonel Whittlesey maintained that four American races preceded the red man. First, the mound-builders; second, a race in the territory now called Wisconsin; third, a warlike race in the region south of Lake Ontario and Erie; and fourth, a religious people in Mexico. Pottery, arrow-heads, etc., have been found in conjunction with and beneath the mastodon and megatherium. A jaw and tooth were pronounced by Agassiz 10,000 years old. Mr. Foster gave an account of the discovery in a deep gold drift of California of a skeleton covered by five deposits of lava. He exhibited an arrow-head found in the valley of San Joaquin thirty feet below the surface. Human remains have also been found during excavations at New Orleans at a depth of sixteen feet. Mr. Foster exhibited a copper knife found in New Orleans, which he believed was a relict of the mound-builders, and a water-jug surmounted by a human head and a statuette of a captive with his hands bound behind him, both from Peru, and evidently of extreme antiquity. The recent explorations of Mr. E. G. Squiers have renewed some old theories as to a connection in origin between the earliest inhabitants of America and those of the Oriental countries. These statements remain, however, as theories only, and do not deserve to be classed with ascertained scientific facts.—*Med. and Surg. Reporter.*

A New Test in Albuminuria.—M. Hæbler (*Inaug. Dissert.*, Berlin, 1868) describes a new method for finding the proportion of albumen in urine.

The suspected urine, after having its specific gravity taken, is boiled together with infusion of sugar-cane in a test tube, and then treated with enough acetic acid to precipitate the albumen. The liquid is then filtered, and its specific gravity is again taken when it has reached the same temperature at which it was first taken. Multiply the difference between the two specific gravities (water=1) by 210 and we have the percentage of albumen present. In thirteen such examinations the average error was only 0.023 per cent., while in Vogel's optical test the average error is 0.046.—*Centralblatt für die Medical. Wissensch.*

It has been decided by the Sup. Court of this city that "the writing of a will by a physician, who takes a benefit under it, is not *prima facie* evidence of fraud or undue influence, but simply a circumstance demanding more than ordinary circumspection by the courts." A will thus prepared was sustained by the jury, and the physician fully vindicated, without argument upon the part of his attorneys.—*The Baltimore Med. Bull.*

The Sisters of Charity would respectfully announce that their Hospital called "St. John's Hospital," situate on High Street Square, in Lowell, is now open for the reception of patients of both sexes, and of all denominations. The Hospital is attended by the ablest physicians in the city, under whose professional and personal charge the Institution is conducted. Two attending Physicians are selected from the Staff each year, whose daily attention is given to the patients. The Medical Staff is as follows: John O. Green, M.D.; David Wells, M.D.; C. A. Savory, M.D.; D. P. Gage, M.D.; Nathan Allen, M.D.; Walter Burnham, M.D.; Joel Burnham, M.D.; F. C. Plunkett, M D.

From Glasgow is reported the death of Dr. William Mackenzie, the eminent oculist, aged 74. He was a fellow of the Royal College of Surgeons in England, and of many learned and scientific societies. Dr. Mackenzie was well known to the profession in this country as the author of two standard treatises, "On the Physiology of Vision," and "The Diseases of the Eye."

At University College Hospital (London) they have adopted the plan of dissolving nitrate of silver in nitrous ether; it can then be spread with a camel's hair-brush over a surface and the ether immediately evaporates.—*Ex.*

John Arden, an army medical officer, who accompained the army of Edward the Third at Crecy, first practised the operation for fistula in ano. He also made some improvements in the trephine.

Selections and Medical Items.

TOXICOLOGICAL ACTION OF PRUSSIC ACID; ATROPIA AS AN ANTIDOTE.—M. W. Preyer has arrived at the following most important conclusions from a series of ingenious arguments and experiments. In comparatively moderate, but yet fatally poisonous doses, prussic acid acts by very suddenly and completely depriving the blood of its oxygen. The phenomena being only an exaggerated and intensified representation of what occurs when an animal is made to breathe unmixed hydrogen for some time. Supposing the poisoning to have been accomplished, then, by a comparatively moderate dose, resaturation of the blood with oxygen, if it can be quickly enough accomplished, will infallibly restore the animal to life. On the other hand, prussic acid, given in *very large* doses, paralyzes the heart, and is absolutely fatal. Those cases in which there is apnœa, and the heart is beating, remain open for treatment. M. Preyer was led to believe that the true physiological antidote for prussic acid was an agent which (without producing any other important poisonous effects) would paralyze the peripheral branches of the vagus in the lungs and in the heart: and, on the other hand, stimulate the central nervous apparatus of respiration in such a manner as to produce rapid respirations. He now makes the very important announcement that sulphate of atrophia acts precisely in this way, and he has demonstrated on rabbits and guinea-pigs, that the subcutaneous injection of a very small dose of this agent, if performed pretty quickly after the injection of the prussic acid, is an *unfailing antidote*. Apparently he would recommend the injection of quite small doses (1-75th grain?)—*The Practitioner*.

A PHYSIOLOGICAL DISCOVERY.—The observations of MM. Cyon and Ludwig, involving as they do the discovery of a physiological fact of great interest, deserve more than a passing notice. These observers believe they have established, on an experimental and sure basis, that one of the cardiac branches of the pneumogastric contains fibres which possess the remarkable power of effecting dilatation of the vessels, and of coincidently diminishing the frequency of the beats of the heart. They propose to call it the *depressor* nerve. A double interest is attached to this, since, if correct, it adds another instance to those already known of inhibitory nervous action, whilst it is opposed to the general proposition laid down by Marey, that the heart beats more frequently in proportion to the diminution of the resistance offered to the discharge of its contents. The nerve in question springs, in the rabbit, either from the superior laryngeal alone, or from that nerve and the pneumogastric trunk, applies itself to the carotid artery, and runs down close by, but quite distinct from, the sympathetic nerve. It terminates by uniting with branches of the ganglion stellatum, and forming a plexus between the aorta and pulmonary arteries.—*London Lancet*.

MEDICAL DIARY OF THE WEEK.

MONDAY, 9, A.M., Massachusetts General Hospital, Med. Clinic. 9, A.M., City Hospital, Ophthalmic Clinic.
TUESDAY, 9, A.M., City Hospital, Medical Clinic; 10, A.M., Medical Lecture. 9 to 11, A.M., Boston Dispensary. 10–11, A.M., Massachusetts Eye and Ear Infirmary.
WEDNESDAY, 10 A.M., Massachusetts General Hospital Surgical Visit. 11 A.M., OPERATIONS.
FRIDAY, 9, A.M., City Hospital, Ophthalmic Clinic; 10, A.M., Surgical Visit; 11, A.M., OPERATIONS. 9 to 11, A.M., Boston Dispensary.
SATURDAY, 10, A.M., Massachusetts General Hospital Surgical Visit; 11, A.M., OPERATIONS.

NOTICE TO SUBSCRIBERS.—In to-day's issue of the JOURNAL we commence sending out bills to subscribers who have not already paid. These will be continued in succeeding numbers during the month. Early attention is requested to these bills, and especially to those of them which comprise any period of time previous to the present year. Money post-office orders are the best form of remittance, where such can be obtained. No collectors are now sent by us out of the city. (JOURNAL, Dec. 10.)

TO CORRESPONDENTS.—Communication accepted:—Contested Cases of Insanity.

BOOKS AND PAMPHLETS RECEIVED.—Practical Observations on the Ætiology, Pathology, Diagnosis and Treatment of Anal Fissure. By William Bodenhamer, A.M., M.D., Prof. of the Diseases, Injuries and Malformations of the Rectum, Anus and Genito-Urinary Organs. New York.—Annual Report of the U. S. Commissioner of Pensions to the Secretary of the Interior, for the year 1868.—Annual Report of the Surgeon-General, United States Army, 1868.—An Intra-mural Fibrous Tumor removed from the Anterior Wall of the Uterus. By William H. Byford, A.M., M.D., Chicago, Ill.—Introductory Address to the Ninth Annual Course of Lectures in Miami Medical College, of Cincinnati, delivered October 7, 1868, by E. B. Stevens, M.D., Prof. of Materia Medica and Therapeutics.—Introductory Address delivered before the Class of the Medical College of Ohio on Tuesday evening, Oct. 8, 1868, by Theophilus Parvin, M.D., Prof. of Medical Diseases of Women.

DIED,—In Providence, R. I., on the 19th inst., Usher Parsons, M.D., aged 80 years. Dr. Parsons was the last of Commodore Perry's officers at the battle of Lake Erie. He was a native of York County, Me., and entered the Navy as surgeon's mate at the age of 23. He ranked as full surgeon from the day of the battle of Lake Erie, and resigned his commission in 1823. He was subsequently appointed Professor of Anatomy in Dartmouth College, but soon after settled in general practice in Providence, and was appointed Professor in Brown University. Dr. P. was the author of several medical books, and has for many years occasionally contributed to the pages of this and other Medical Journals.—In Montpelier, Vt., Dr. Aaron Smith, in the 83d year of his age. Dr. S. was born in Hanover, N. H., in 1786, and practised medicine in Hardwick, Vt., from 1811 to 1865, when he removed to Montpelier.

DEATHS IN BOSTON for the week ending Saturday noon, December 19th, 77. Males, 30—Females, 47.—Accident, 2—anæmia, 1—apoplexy, 3—disease of the bowels, 2—disease of the brain, 1—inflammation of the brain, 1—bronchitis, 5—cancer, 3—cancrum oris, 1—cholera infantum, 1—consumption, 12—convulsions, 1—croup, 4—diphtheria, 1—dropsy, 2——dropsy of the brain, 1—dysentery, 1—erysipelas, 1—typhoid fever, 2—gastritis, 1—disease of the heart, 2—congestion of the lungs, 1—inflammation of the lungs, 7—measles, 1—old age, 2—paralysis, 2—peritonitis, 1—premature birth, 3—puerperal disease, 1—syphilis, 1—teething, 1—trismus nascentium, 1—tumor, 1—whooping cough, 1—unk'n, 6.

Under 5 years of age, 29—between 5 and 20 years, 6—between 20 and 40 years, 12—between 40 and 60 years, 17—above 60 years, 13. Born in the United States, 48—Ireland, 24—other places, 5.